

# Semi-Annual Statement of No Activity

Type or print in ink

For use by recipient committees that have not received any contributions and have not made any expenditures during the six-month period covered by a semi-annual statement. **Candidate controlled committees formed for an elective office may not use this form.**

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

STATEMENT OF NO ACTIVITY

RECEIVED *James*  
CITY OF PALM SPRINGS  
2017 JUL 27 PM 4:10  
OFFICE OF THE CITY CLERK

**CALIFORNIA FORM 425**  
For Official Use Only

**1. Committee Information** I.D. NUMBER 1374199

COMMITTEE NAME  
Protect Our Neighborhoods

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Mark Edelstein

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	

NAME OF ASSISTANT TREASURER, IF ANY  
Chris Lucker

MAILING ADDRESS  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palm Springs	CA	92262	

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Period of No Activity

No contributions have been received and no expenditures have been made during the period covering the dates below:

Check one of the following boxes and complete the year.  January 1, through June 30, 20<sup>17</sup>  July 1, through December 31, 20\_\_

## 3. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the state information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California

July 24, 2017

Executed on \_\_\_\_\_  
DATE

By [REDACTED] \_\_\_\_\_  
TREASURER